

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____
FILING DATE _____
APPLICANT(S) _____

	CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*			*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	
1						51				
2						52				
3						53				
4						54				
5						55				
6						56				
7	/					57				
8		/				58				
9		/				59				
10		/				60				
11	/					61				
12	/					62				
13						63				
14						64				
15						65				
16						66				
17	/					67				
18		/				68				
19		/				69				
20		/				70				
21		/				71				
22						72				
23						73				
24						74				
25						75				
26						76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	5					TOTAL IND.				
TOTAL DEP.	18					TOTAL DEP.				
TOTAL CLAIMS	30					TOTAL CLAIMS				